

**Rec'd PCT/PTC 30 SEP 2005**

**Supplemental Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ELECTRONIC PRICING SYSTEM, DEVICE AND METHOD
Attorney Docket Number::	1509-1045
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: SALVATORE  
Middle Name::  
Family Name:: GRIMALDI  
Name Suffix::  
City of Residence:: STOCKHOLM  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing ~~SINGELBACKEN 21, VILLA EKARNE~~  
Address:: LABORATORIEGATAN 6  
City of Mailing Address:: STOCKHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: ~~S-115-21~~ SE-115 27

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: BJORN  
Middle Name::  
Family Name:: NILSSON  
Name Suffix::  
City of Residence:: JARLASA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing BOX 187, GRIPENSVARDSVAGEN 9  
Address::  
City of Mailing Address:: JARLASA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-740 21

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/01333	8/28/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202565-8	8/28/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::